# Understanding and Managing Anxiety in the Older Adult

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# Introduction

- Anxiety:
  - necessary part of life
  - warns of danger
  - can stimulate and lead to productivity
- Persistent anxiety can lead to anxiety disorder
- People with an anxiety disorder often have depression

# Anxiety Disorders

**Normal Anxiety becomes "disorder" when:**

- – it interferes in every day life
- –the intensity is out of proportion to the event
- –the duration of the anxiety episode is out of proportion to the event

# Prevalence

- 24.9% of U.S. adult population have an anxiety disorder
  - Only substance-related disorders are more common (26.6%)
  - Common anxiety disorders
    - Social and simple phobias (13.3% and 11.3% respectively)
    - Agoraphobia (5.3%)
    - Generalized Anxiety Disorder (5.1%)
    - Panic disorder (3.5%)
    - Obsessive compulsive disorder (2.56%)

- In individuals over 65 anxiety disorders are:
  - more than twice as prevalent as mood disorders
  - four to eight times more frequent than major depressive episode
- 10 to 20% of older adults experience clinically significant levels of anxiety and would benefit from treatment.

- Source: Carmin, Pollard and Gillock (1999)

# Factors Complicating Anxiety Identification in Older Adults

- Comorbidity of medical illness
- Symptoms not clearly presented
- Symptoms under reported
- Anxiety often viewed as normal part of aging
- Anxiety symptoms mistaken as physical illness or medical symptoms mistaken as anxiety

# Factors Increasing likelihood of Anxiety in Older Adults

- Psychosocial losses
- Dwindling social supports
- Decreased mobility
- Sensory losses
- Isolation
- Decreased sense of clear life role, e.g. retired, no longer child rearing etc.

- (Continued)
- One or more chronic medical problems
- Decreased independence
- Decreased ability to use life-long coping skills to deal with anxiety

| Physical Symptoms Associated with Anxiety | |
|---|---|
| Trembling or shakiness | Numbness or tingling in the extremities |
| Body Aches and pains | Nausea |
| Fatigue | Frequent urination |
| Restlessness or fidgetiness | Sweating |
| Palpitations | Hot or cold flushes |
| Dizziness | Insomnia |
| Faint feelings or lightheadedness | Shortness of breath or smothering sensation |
| Chest pain | Muscle aches or muscle tension |
| Stomach upset | Dry mouth |
| Startles easily | Tachycardia |
| Headache | Diarrhea |
| Choking sensation | |
| Hyperventilation | |

From: Carmin, C., Pollard, C., & Gillock, K. (1999). Assessment of anxiety Disorders in the elderly. In P. Lichtenberg, (Ed.), *Handbook of Assessment in Clinical Gerontology*. New York: J. Wiley and Sons.

# Comorbidity of Medical Illness

- Many older adults suffer from chronic medical illnesses
  - Discriminating between medical symptoms and anxiety symptoms is difficult
- Prevalence of anxiety in medical patients exceeds that of patients in the general population
- Some medical conditions mistaken as anxiety can be life threatening

| Medical Conditions Associated with Anxiety in Elderly Persons | |
|---|---|
| **Endocrine Disorders**<br>Hyperthyroidism<br>Hyperparathyroidism<br>Hypoglycemia<br>Pheochromocytoma | **Infections**<br>Encephalitis<br>Hepatitis<br>Influenza<br>Pneumonia |
| **Cardiovascular Conditions**<br>Arrhythmias<br>Congestive heart failure<br>Myocardial infarction | **Cerebral Infarction (stoke)**<br>**Neurologic Conditions**<br>Dementia (Alxheimer's, Pick's)<br>Epilepsy<br>Parkinson's disease |
| **Metabolic Disturbances**<br>Dehydration<br>Electrolyte imbalance | **Gastrointestinal Conditions**<br>Constipation<br>Gastroesophageal reflux disease<br>Irritable Bowel |
| **Respiratory Conditions**<br>Asthma<br>Chronic obstructive pulmonary disease<br>Pulmonary edema | **Other Conditions**<br>Chronic pain<br>Acute pain<br>Delirium |

# Common Anxiety Occurrences Seen in the Elderly

# Transitional Anxiety

- Anxiety is a normal and expected outcome during periods of adjustment
- Transitioning to a new home is associated with high levels of anxiety

# Symptoms Related to Transitional Anxiety

- Decreased self-confidence
- Fearfulness
- Mild concentration decline
- Occasional tearfulness
- Worry or sadness related to home, belongings, friends, pets, etc.
- Anxiety peaks between a couple days to a couple weeks after transition occurs

# Anxiety Associated with Dementia

- Anxiety is commonly associated with Dementia
  - Early dementia
    - anxiety related to the individual's awareness that his/her thinking, memory etc. is not functioning properly. The individual may actively worry about having "Alzheimer's"
  - Later dementia
    - anxiety related to fear and confusion. Perhaps the individual does not recognize where he/she is or is looking for a family member who is deceased.

# Factors that Increase Anxiety in Dementia

- Over stimulation
- Lack of appropriate structure
- Too many changes
- Task too difficult
- Caregiver looks upset
- Caregiver has unrealistic expectations
- Internal stimuli
  - pain
  - physical discomfort (too hot, too cold, wet)
  - feeling lost
  - hungry/thirsty
  - hallucinations or delusions

# Generalized Anxiety Disorder

- Chronic anxiety that persists more than 6 months
- Anxiety focused on two or more stressful life circumstances
- Feelings of restlessness, irritability, fatigue, impaired concentration
- May have sleep impairment
- Related to vague fears about losing control, fear of failure, fear of death or disease

# Panic Disorder

- Recurrent Panic attacks that occur “out of the blue”
- Panic Attacks are discrete periods of intense fear
- 4 of 13 symptoms

# Symptoms

- Racing, pounding heart
- Chest pain, tightness, or discomfort
- Breathlessness
- Dizziness
- Choking sensations
- Hot/Cold
- Sweats

# Symptoms (continued)

- Nausea
- Trembling or shaking
- Numbness or tingling
- Feelings of unreality
- Fear of dying (e.g., heart attack)
- Fear of insanity or losing control (e.g., faint)

# Agoraphobia

- Fear of situations where escape would be difficult or embarrassing if having a panic attack
- Fear may become so intense person might avoid these situations

# Situations commonly avoided

- Passenger in car
- Public transportation/school bus
- Being home alone
- Being in crowds
- Restaurants
- Movie theaters or church
- Classrooms

# Situations commonly avoided (continued)

- Exercise
- Being long distances from home
- Closed spaces
- Open spaces
- Stores and malls
- Being “trapped” (e.g., hair salon, dentist)

# Post-Traumatic and acute stress disorders

- Occurs after exposure to severe trauma inducing intense fear, terror, and feelings of helplessness
  - traumatic event is persistently reexperienced
    - intrusive thoughts
    - dreams
    - acting or feeling that event is reoccurring

# Continued

- avoidance of stimuli associated with the event
  - feelings of detachment
  - restricted range of affect
  - memory loss for event
- symptoms of increased arousal
  - sleep deficits
  - irritability/anger outbursts
  - hypervigilence
  - exaggerated startle response

# Obsessive Compulsive Disorder

- Symptoms
  - obsessions or compulsions
  - individual recognizes that obsessions or compulsions are unreasonable
  - obsessions or compulsions are time consuming (take more than 1 hour per day)

# Obsessions

- Recurrent thoughts, impulses or images
- Individual attempts to ignore or suppress the thoughts or images which creates feelings of anxiety
- The individual recognizes that the thoughts or images are a product of his or her own mind

# Compulsions

- Repetitive behaviors
  - e.g. and washing, ordering, checking
  - behaviors aimed at preventing or reducing anxiety

# Treatment

# Behavioral Strategies

- Consistency
- Normalizing
- Structure
- Allow adequate time for adjustment
- Caregiver expectations consistent with resident capabilities

# Behavioral Strategies

- Assist patient in developing a plan (script). Relying on a script when in anxiety inducing situations reduces the unknown and anxiety.
- Mindfulness: Being in the Now. Anxious people “compress” the future. They respond as if a feared outcome is happening now.

# Additional Strategies

- Rule out underlying medical condition contributing to anxiety symptoms
- Be familiar with medical conditions that commonly present with anxiety symptoms
- Even if the person has a history of anxiety disorder, do not assume that new symptoms are psychological
- Know when to refer to a mental health professional

# Refer to Mental Health Professional

- When behavioral strategies no longer have an impact
- When anxiety significantly interferes in day to day functioning:
  - decline in ADL'S
  - decline in sleep, appetite etc.
  - causing severe emotional distress

- Psychotherapy (and/or behavioral strategies) along with medications are typically the most helpful

# Cognitive-Behavioral Therapy (CBT)

- Considered treatment of choice for most anxiety disorders
- Teaching model that trains individuals skills found to be effective in managing anxiety symptoms

# CBT (continued)

- Physical management skills
  - Respiratory Control
  - Progressive Deep Muscle Relaxation in some cases (e.g., headache, sleeping problems)
- Cognitive Restructuring
  - Overestimation errors
  - Catastrophizing errors

# CBT (continued)

- Exposure therapy
- Empirically supported
- No side effects
- Quick improvements
- Low relapse rates

# Medications

- Primarily antidepressants
- Specifically selective serotonin-reuptake inhibitors (SSRI's)
- Prozac, Paxil, Luvox, Zoloft, Celexa

## *Treatment of Acute Anxiety with Benzodiazepines*
## Advantages

- Rapid onset of action
- Few drug-drug interactions
- Safe in overdose when used alone
- Generally well-tolerated during short -term treatment (up to 4 weeks)
- Causes sedation
- Benzodiazepines: Xanax, Librium, Valium, Ativan, Klonopin, Tranxene, Serax

## *Treatment of Acute Anxiety with Benzodiazepines*
## Disadvantages

- Magnifies the effects of alcohol and other CNS depressants
- Impairs cognition (e.g., sedation, memory)
- Associated with potential for abuse
- Associated with the development of withdrawal symptoms, dependence and tolerance
- Impairs psychomotor function (can cause accidents and falls)
- Impairs respiratory function
- Half life build up consideration in elderly due to reduced liver function.

# Other Anxiolytics

BuSpar: no sedation, no dependence, not useful on prn basis, Side effects: occasional nausea, dizziness, agitation. Can be useful to recommend with AODA Hx.

Antihistamines: Occasionally used and can be helpful, but they have a number of unwanted side effects.

# Elderly Consultation Services

## Behavioral Solutions, Inc.

414-259-3900

www.bsiworks.com (numerous web resources)

Outpatient Assessments and Services

Long Term Care On-site and TeleConsultation

## Aging & Mental Health Associates

262-547-9886

Training and Education Services

# National and State Resources on Anxiety

- **The Anxiety Disorders Education Program**
  National Institute of Mental Health
  6001 Executive Blvd.,
  Room 8184, MSC 9663,
  301-443-4513 (1-888-826-9438)
  www.nimh.nih.gov
- **Anxiety Disorder Association of America**
  11900 Parklawn Dr. Suite 100
  Rockville, MD 20852
  301-231-9350
  www.adaa.org

- **Freedom from Fear**
  308 Seaview Ave.
  Staten Island, NY 10305
  888-442-2022
  www.freedomfromfear.com

- **International Society for Traumatic Stress Studies (ISTSS)**
  60 revere Dr. Suite 500
  Northbrook, IL 60062
  847-480-5775
  www.istss.org

- **Rogers Memorial Hospital**

  34700 Valley Road 11101 W. Lincoln Ave.

  Oconomowoc, WI 53066 West Allis, WI 53227

  1-800-767-4411

  - Residential Program for Obsessive Compulsive Disorder
  - Partial Program for Anxiety Disorders